

Medical Assistance Overview

What Is Medical Assistance?

“Medical Assistance” is the general name for Washington’s healthcare programs which are administered by the Health Care Authority (the Agency).

Medical Assistance includes Medicaid, mental health programs, chemical dependency and prevention treatment programs, the Children’s Health Insurance Program (CHIP), family planning programs, and other state-funded children’s healthcare programs. Medicaid is the federal entitlement program financed and operated jointly by the states and federal government.

The Agency provides healthcare coverage for low-income residents who meet certain eligibility requirements. Examples of these requirements include age, pregnancy, disability, and blindness. Special rules exist for those living in a nursing home or for those who receive home and community-based services.

Clients receive healthcare services either through enrollment in a **managed care** program or on a **fee-for-service** basis. For managed care, the Agency contracts with licensed health insurance carriers to provide a defined set of services to enrolled members. Fee-for-service care is delivered by licensed or certified health care providers who have a contract with the Agency to serve our clients. Client participation is divided about 50-50 between the two different methods.

Who Are Medical Assistance Clients?

Washington’s Medical Assistance programs provide healthcare coverage for our most vulnerable residents. Approximately one million Washington residents, nearly two-thirds of them children, depend on Medical Assistance programs for their healthcare.

Medical Assistance covers **one in three children** living in Washington State including:

- Children receiving foster care.
- Children of working parents unable to afford health care coverage.
- Disabled children.



Other examples of clients include:

- Nursing home residents.
- Elderly or disabled individuals.
- Low-income pregnant women.

Eligibility for Medical Assistance is determined by Agency staff as well as Department of Social and Health Services staff in local Community Services Offices (CSO) and Home and Community Service (HCS) offices. If you would like to learn about how eligibility is determined, please visit: <http://www.hca.wa.gov/medicaid/pages/summaryofservices.aspx>.

Providers may choose to serve as few or as many clients as your business can accommodate. Most providers are able to serve some level of Medical Assistance clients as part of their payer mix.

How Does Medical Assistance Compare to Other Payers?

Washington State has a number of programs dedicated to providing healthcare coverage to low-income residents. Medical Assistance is the largest single source for this coverage. There are also other programs that offer more limited benefits.

In many ways, Medical Assistance is similar to other payers. There are some distinct differences between Medical Assistance and commercial insurance plans and Medicare. These include:

- There are specific rules a provider contracted with Medicaid must follow if billing a client. Please see [Memo 10-25](#) or [WAC 182-502-0160](#).
- Medical Assistance is almost always the payer of last resort, which means Medicare and commercial private insurance companies are billed first. For more information on general conditions of payment see [WAC 182-502-0100](#).

How Is Medical Assistance Different From Medicare?

Medical Assistance and Medicare are very different programs. Medicare is an entitlement program funded entirely at the federal level. It is a health insurance program for people age 65 or older, people under age 65 with certain disabilities, and people of all ages with end stage renal disease. The Medicare Program provides:

- Medicare Part A, which covers inpatient hospital services
- Medicare Part B, which covers professional, and vendor services
- Medicare Part C, which is a Managed Care version of Medicare, also called a Medicare Advantage Plan, and offered through private insurance companies
- Medicare Part D, which covers prescription drugs

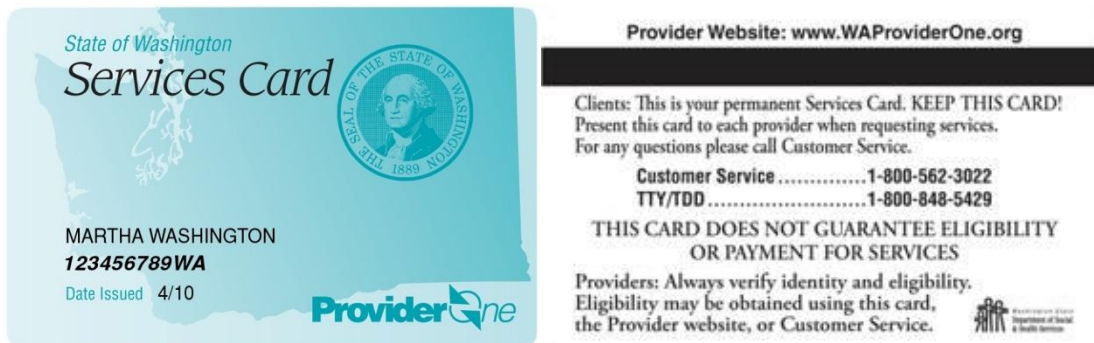
Medical Assistance is a needs-based program with eligibility determined by income and covers a wider range of healthcare services than Medicare (i.e. dental, glasses). Some individuals are eligible for both Medicaid and Medicare. These are known as “dual-eligible” clients.

For more information on Medicare, you can find extensive material at the Centers for Medicare and Medicaid Services (CMS) website: <http://www.cms.hhs.gov/MedicareGenInfo/>.

How Can I Identify Medical Assistance Clients?

Medical Assistance clients are issued a plastic Services Card. The Services Card is permanent and is issued to each eligible family member. Eligibility information is not displayed on the card. The card will only contain the following information about the client: First name, Last Name, ProviderOne client identification number (9 digits followed by WA), and the date that the card was issued.

Using the ProviderOne client ID displayed on the front of the card is one way to access a client's eligibility information. The card also features a magnetic strip on the back and providers may use a magnetic swipe card reader to obtain the most current eligibility information. There are many other ways that a client's eligibility can be verified in the event that providers do not have the client's Services Card. See the [Client Eligibility, Benefit Packages, and Coverage Limits](#) section for more information.



Medical Assistance Clients as Consumers of Healthcare Services

Just as you do, we encourage clients to be good consumers of healthcare services. The Agency offers guidance to new clients and provides them with a publication for people getting services, covering topics such as:

- Before you obtain services from a doctor, dentist, clinic, pharmacy, or other provider, ask if they will honor your Services Card and are contracted to bill Medical Assistance. Non-contracted providers can bill you directly.
- Help your healthcare provider give you the care you need. Bring your Services Card to all appointments, tell your provider you have Medical Assistance, and help them get copies of your medical records.
- Carry your Services Card with you all the time. Show your Services Card whenever you get healthcare services and when you get prescriptions.
- Be courteous about appointments, calling if you will miss an appointment or be late, so other patients can use the time that was reserved for you.
- Let your provider know if you have commercial or other medical insurance besides Medical Assistance.

What Are Some of the Benefits of Being a Medical Assistance Provider?

- Enhanced payments are available for dental providers who provide Access to Baby and Child Dentistry (ABCD) services.
- The Agency offers Electronic Funds Transfer (EFT) payments.
- The Agency pays promptly when “clean” claims are billed according to the Agency rules and regulations.
- Providers determine how many Medical Assistance patients their payer mix and business can allow.
- Satisfaction that you are providing medical care to Washington’s most vulnerable population.

How do I Become a Medical Assistance Provider?

Please visit our Provider Enrollment website at <http://www.hca.wa.gov/medicaid/providerenroll/pages/enroll.aspx#provider> for information about becoming a Medical Assistance provider. The Agency offers an electronic enrollment option through our payment system called ProviderOne at <https://www.waproviderone.org>. You can also contact Provider Enrollment at 1-800-562-3022 ext 16137.

What is Required to Become a Medical Assistance Provider?

- To enroll as a provider with the Agency, a healthcare professional, healthcare entity, supplier or contractor of service must, on the date of application:



- Be licensed, certified, accredited, or registered according to Washington state laws and rules.
 - Meet the conditions in [Chapter 182-502 WAC](#) and other chapters regulating the specific type of provider, program, and/or service.
- To enroll, an eligible provider must sign a core provider agreement (CPA) or a contract with the Agency according to [WAC 182-502-0005](#).
 - Enrollment of a provider applicant is effective no earlier than the date of approval of the provider application.
 - The Agency does not pay for services provided to clients during the CPA application process, regardless of whether the CPA is later approved or denied

Who may enroll as a Medical Assistance Provider?

- For a list of providers who may enroll as a Medical Assistance provider, refer to [WAC 182-502-0002](#).
- The Agency does not enroll licensed or unlicensed practitioners not specifically addressed in [WAC 182-502-0002](#), and ineligible providers as listed in [WAC 182-502-0003](#).
- All performing providers of services to a medical assistance client must be enrolled under the billing provider's CPA.

Who must enroll as a Medical Assistance Provider?

Per [42 CFR 455.410](#):

- Any referring, ordering, or prescribing provider must be enrolled with the Agency as a fee-for-service provider.
- The National Provider Identifier (NPI) number of any referring, ordering, or prescribing provider must be listed on any claims for services, supplies, tests, etc. ordered, referred, or prescribed by that provider.

To comply with the National Uniform Billing Committee (NUBC) guidelines all NPI numbers of attending, operating, and "other" providers must be reported on institutional claims.

- All providers reported on the institutional claim **must** be enrolled as a Washington State Medicaid Provider.

Understanding Policies Regarding Enrolled Providers

- The complete list of Healthcare Record Requirements can be found in [WAC 182-502-0020](#).

✓ Record Retention Requirements

Charts and records must be available to the Agency, its contractors or designees, and the US Department of Health and Human Services upon request for:

- Six years from the date of service; or
- Longer if required specifically by federal or state law regulation.

- A provider must notify the Agency in writing within seven calendar days of ownership or control changes of any kind [WAC 182-502-0018](#).
- A provider may voluntarily disenroll by sending a registered letter to Provider Enrollment requesting disenrollment [WAC 182-502-0040](#).
- In some situations, the Agency may immediately terminate a provider's enrollment/CPA/contract. See [WAC 182-502-0030](#) for details.

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- There are a few specific exceptions to the enrollment effective date. See [WAC 182-502-0005](#) for full details
- Please see [WAC 182-502](#) for additional provider enrollment information.

Border Areas ([WAC 182-501-0175](#))

An eligible Washington state resident may receive medical care in a recognized out-of-state bordering city on the same basis as in-state care. The **only** Washington State- recognized bordering cities are:



In Idaho:

In Oregon:

Coeur d'Alene, Moscow, Sandpoint, Priest River, and Lewiston
Portland, The Dalles, Hermiston, Hood River, Rainier, Milton-Freewater, and Astoria



Note: There are no Involuntary Treatment Act (ITA) services allowed in border areas.

Resources Available

Where can I find Billing Instructions that explain program-specific billing guidelines, coverage, and limitations?	Billing Instructions can be found at http://www.hca.wa.gov/medicaid/billing/pages/bi.aspx
Where can I find fee schedules?	Fee Schedules can be found at http://www.hca.wa.gov/medicaid/rbrvs/pages/index.aspx
Where can I find hospital rates?	Hospital rates can be found at http://www.hca.wa.gov/medicaid/hospitalpymt/Pages/index.aspx
Who do I contact if I have questions on payments, denials, general questions regarding claims processing, or managed care plans?	<p>The Medicaid Assistance Customer Service Center (MACSC) is available to support providers Monday 7:30a.m.- 4:30p.m daily.</p> <p>The interactive voice recognition (IVR) phone system is available 24 hours a day, 7 days a week.</p> <ul style="list-style-type: none"> • Providers may contact MACSC at 1-800-562-3022; or • Email MACSC at https://fortress.wa.gov/dshs/p1contactus/. <p>Note: A provider may use the Agency's toll-free lines for questions regarding its programs; however, the Agency's response is based solely on the information provided to the representative at the time of the call or inquiry, and in no way exempts a provider from following the rules and regulations that govern the Agency's programs. [Chapter182-502 WAC].</p>
Where can I find information on becoming a Medical Assistance provider, submitting a change of address or ownership, or to ask questions about the status of a provider application?	<p>Provider Enrollment</p> <p>http://www.hca.wa.gov/medicaid/providerenroll/pages/enroll.aspx#provider</p> <p>1-800-562-3022 ext. 16137</p> <p>PO Box 45562</p> <p>Olympia, WA 98504-5562</p>
Where can I find information about the Agency's current rule making activity?	<p>Visit the Agency's web site:</p> <p>http://www.hca.wa.gov/medicaid_laws_rules.html</p>
Where do I find all Washington Administrative Codes?	<p>Visit the Washington Administrative Code web site:</p> <p>http://apps.leg.wa.gov/wac/</p>
What is the Agency's web site address for Medical Assistance?	http://hrsa.dshs.wa.gov

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<p>Who do I contact if I have questions on private insurance or third party liability, other than the Agency's managed care plans?</p>	<p>Coordination of Benefits PO Box 45565 Olympia, WA 98504-5565 1-800-562-3022 ext. 16134</p> <p>Casualty Claims PO Box 45561 Olympia, WA 98504-5561 1-800-562-3022 ext. 15462</p>
<p>Who do I contact if I have questions on Transportation?</p>	<p>The Agency provides access to nonemergency transportation services for clients who need help with transportation to get to and from their healthcare appointments.</p> <p>Web site: http://www.hca.wa.gov/medicaid/transportation/pages/index.aspx E-mail: HCANEMTTRANS@hca.wa.gov</p>
<p>Who do I contact if I have questions on Interpreter Services?</p>	<p>The Agency provides access to interpreter services for Medical Assistance clients and applicants, including clients who are deaf, deaf-blind, and hard of hearing, as well as clients with Limited English Proficiency (LEP).</p> <p>Web site: http://www.hca.wa.gov/medicaid/interpreterservices/pages/index.aspx E-mail: DHSDDLHRSADHSTISInterpreters@dshs.wa.gov</p>
<p>How do I obtain the Agency's forms?</p>	<p>Obtaining Electronic Medicaid forms To view and download forms, visit the Agency's Forms and Records Management Service on the web: http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx</p> <p>Ordering printed Medicaid forms The following information is required to order any Agency form. Please note that telephone orders cannot be accepted.</p> <ul style="list-style-type: none"> • Complete office name, mail stop (if applicable), and street address (no post office boxes); • Name, telephone, and fax number of the requestor; • Name, telephone, and fax number of the person receiving the order, if different from the requestor; • Form number and title; and • Exact number of forms you need. Do not order pads or packages. If you request pads or packages, it may delay your order. • Attach two samples of each form if you are ordering from Forms and Records Management Services. Samples are mandatory. <p>Use the Forms and Publications Request form, 17-011, or office letterhead to order Agency forms. You may download the Forms and Publications Request form 17-011 in Word or Adobe Acrobat. Use a separate request form for each supplier.</p> <p>Ordering (X) or stocked forms Stocked forms are stored at the Fulfillment Center. To order a stocked form, you must order on-line through the Department of Printing's General Store. General Store Instructions</p>

Every effort has been made to ensure this guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and an Agency rule, the Agency rule controls.

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	<p>If you have questions regarding your order, contact the Fulfillment Center at (360) 586-6360.</p> <p>Ordering non-stocked forms You may order Agency forms through Forms and Records Management Services (FRMS). If you have questions about ordering through FRMS, please call (360) 664-6048. You must include the required information with your order. You may get Agency forms in the following ways. You may:</p> <ul style="list-style-type: none"> • Select electronic forms and download your form for electronic completion. • Mail your order with samples to: PO BOX 45805, OLYMPIA WA 98504-45805. <p>If you do not send samples with your order, your order will be returned.</p>
How do I find out where the local Community Services Office (CSO) is located?	Visit the on-line CSO: https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp
How do I find out where the local Home and Community Services (HCS) office is located?	Visit the HCS web site: http://www.aasa.dshs.wa.gov/Resources/clickmap.htm
How do I find out where my local Regional Support Network (RSN) is located?	Visit the RSN web site: http://www.dshs.wa.gov/dbhr/rsn.shtml
How do I find out what is included in the nursing facility per diem or general rate?	Contact Aging and Disability Services Administration (ADSA) at 1-800-422-3263
Who do I contact to request authorization?	<p>Fax 1-866-668-1214 for the following areas:</p> <ul style="list-style-type: none"> • Durable Medical Equipment, Prosthetics, and Orthotics • Dental • Pharmacy • All Other Medical Services & Enteral <p>Mail - Attn: [enter one of the above authorization areas] Authorization Services Office PO Box 45535 Olympia, WA 98504-5535</p> <p>Call 1-800-562-3022 Use the menu options or for an extension listed below say "Dial" or press #:</p> <ul style="list-style-type: none"> • Durable Medical Equip., Prosthetics, Orthotics ext. 15466 • Pharmacy ext. 15483 <p>All other providers, please refer to your program specific Billing Instruction for information on requesting authorization. See Appendix F for instructions on completing the Authorization Request Form (13-835)</p> <p>If you are mailing/faxing supporting documentation without the original authorization request form, you will need to print a cover sheet. See Appendix G for more information on cover sheets.</p>

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Where can I access provider training material?	Provider training material can be accessed at http://www.hca.wa.gov/medicaid/provider/pages/training.aspx
Where do I submit claims for payment?	<p>Electronic Claim Back-up Documentation Division of Eligibility and Service Delivery PO Box 45535 Olympia, WA 98504-5535</p> <p>Back-up documentation without an original claim form will require a cover sheet. See Appendix G for more information on cover sheets. Back-up documentation with a cover sheet can be faxed to 1-866-668-1214. Please do not fax in original claims.</p> <p>Paper Copy Claims Division of Eligibility and Service Delivery PO Box 9248 Olympia, WA 98507-9248</p>

Other Important Numbers

Disability Insurance	1-800-562-6074
Fraud Hotline	1-800-562-6906
Home Health/Plan of Treatment	1-360-586-1471
Hospice Notification	1-360-725-1965
Medical Eligibility Determination Services (MEDS)	1-800-562-3022 ext. 16136
Medicare Unit Fax Line	1-360-664-2186
Patient Review and Coordination	1-800-562-3022 ext. 15606
TAKE CHARGE questions	1-800-562-3022 ext. 15481
Telecommunications Device for the Deaf (TDD)	1-800-848-5429
Exhausted Medicaid MCO Plan contacts for specific cases? Contact MCO Plan managers at	mcprograms@hca.wa.gov

Glossary

The expanded [Glossary](#) is available for viewing online.